



Calendar Year 2022 Uniform Data System (UDS) Reporting Changes Webinar

May 11, 2022, 1:00–2:30 p.m. ET

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Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Agenda



- UDS Patient Level Submission (UDS+) and Community Health Quality Recognition (CHQR) updates
- Calendar Year 2022 UDS Changes Announcements
- Details of Major 2022 UDS Changes
 - Reporting Clarifications
 - Existing Data Modified
 - New Data Collected
- Strategies for Successful Reporting
- Questions and Answers

Opening Remarks

Judy Van Alstyne, MPH

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration



UDS Patient Level Submission (UDS+)

UDS+ is...

- Beginning with the 2023 UDS, BPHC will accept patient-level report data.
 - UDS Tables PBZC, 3A, 3B, 4, 6A, 6B, and 7

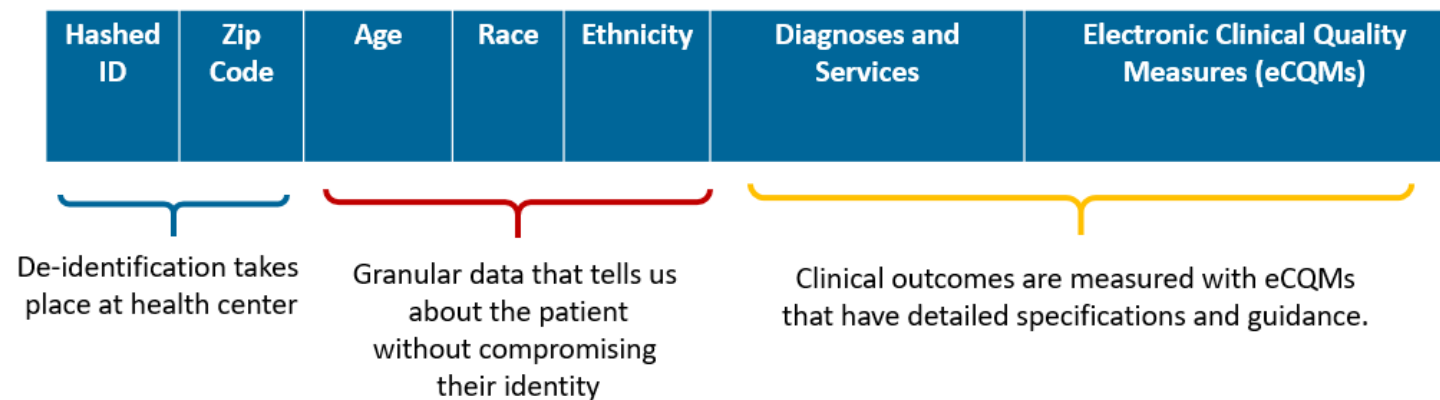
UDS+ does not...

- Collect full copies of data directly from patients' electronic medical records.
- Collect patient identifiers.

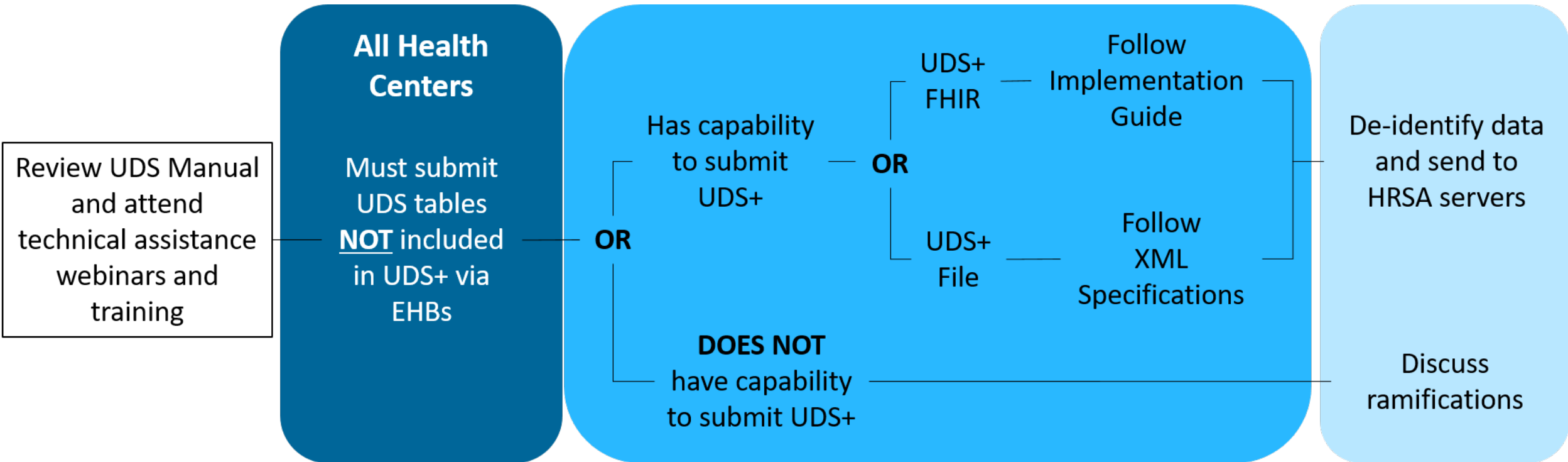
BPHC plans to accept UDS+ data in two ways:

- Manual file upload system & Fast Healthcare Interoperability Resources (FHIR)

For more information, visit: [Uniform Data System \(UDS\) Modernization Initiative](#)



UDS+ Reporting Structure



BPHC is seeking volunteers for development and testing of proposed systems.
Please indicate your interest via the [BPHC Contact Form](#).



Community Health Quality Recognition (CHQR) Badge Eligibility Criteria

- **CHQR badge eligibility criteria have been established for clinical quality measures (CQMs) that do not have established benchmarks.**
 - Criteria will be used to award CHQR badges for the 2021–2023 UDS reporting periods
 - Provides health centers with clear targets to shape quality improvement strategies
- **Benchmarks, new badges, and criteria changes will take effect for the 2021 UDS reporting period, including:**
 - Incorporating Look-Alikes (LALs) into Adjusted Quartile Rankings. As a result, LALs will be eligible for Health Center Quality Leader badges.
 - Adding new CHQR badge categories: HIV, maternal and child health, and addressing social risk factors to health.
 - Awarding one COVID-19 response badge using UDS-reported data on COVID-19 testing and vaccinations.
 - Adopting updated criteria for the Health Disparities Reducer badge.



Access [CHQR Overview](#) and [CHQR FAQ](#)



Community Health Quality Recognition 2021-2023 Criteria

CHQR Badge	CQM	2021–2023 CHQR CQM Criteria	Determination Method
National Quality Leader - Behavioral Health* (Criterion 1)	Depression remission at 12 months	18.2%	Top Quintile of 2020 UDS Data
National Quality Leader - Behavioral Health* (Criterion 2)	Depression screening and follow-up plan	80.5%	Top Quartile of 2020 UDS Data
National Quality Leader Heart Health (Criterion 1)	Tobacco use screening and cessation intervention	80%	Million Hearts goal
National Quality Leader Heart Health (Criterion 2)	Use of aspirin or antiplatelet for ischemic vascular disease	80%	Million Hearts goal
National Quality Leader Heart Health (Criterion 3)	Statin therapy	80%	Million Hearts goal
National Quality Leader Heart Health (Criterion 4)	Hypertension control	80%	Million Hearts goal



*The NQL Behavioral Health badge has two additional criteria: proportion of all patients receiving Screening, Brief Intervention and Referral to Treatment (SBIRT) is at least 5%, and patients receiving medication-assisted treatment increases by at least 10% between consecutive UDS reporting years.



Access [CHQR Overview](#)



Community Health Quality Recognition 2021-2023 Criteria cont.

CHQR Badge	CQM	2021–2023 CHQR CQM Criteria	Determination Method
National Quality Leader Diabetes (Criterion 1)	Adult BMI screening and follow-up plan	83.1%	Top Quartile of 2020 UDS Data
National Quality Leader Diabetes (Criterion 2)	Child/adolescent BMI screening and counseling on nutrition and physical activity	77.4%	Top Quartile of 2020 UDS Data
National Quality Leader Diabetes (Criterion 3)	Uncontrolled diabetes	11.6%	Healthy People 2030 Goal
Health Disparities Reducer (Criterion 1)	Low birth weight	7.7%	Adjusted National Vital Statistics System low birth weight average
Health Disparities Reducer (Criterion 2)	Uncontrolled diabetes	11.6%	Healthy People 2030 Goal
Health Disparities Reducer (Criterion 3)	Hypertension control	60.8%	Healthy People 2030 Goal



Access [CHQR Overview](#)

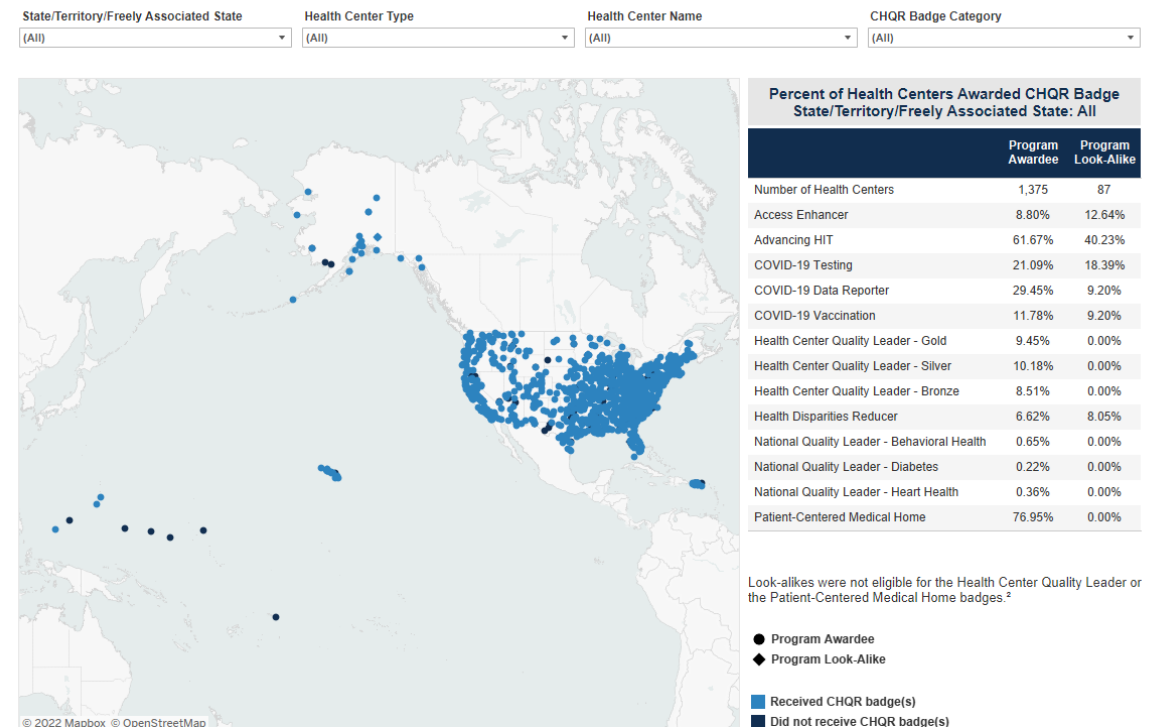


Access Community Health Quality Recognition Data

Community Health Quality Recognition (CHQR) Dashboard

- Dashboard available publicly on the data.hrsa.gov website.
- Provides visualization, national-level summary, state-level summaries of CHQR badges awarded.
- Identifies program awardees and look-alikes that have made notable quality improvement achievements.
- Updated annually with UDS data release.

Explore Community Health Quality Recognition Badges



[Access CHQR Dashboard](#)



Objectives of the Webinar

By the end of the webinar, participants will be able to:

- Understand the major changes and clarifications for CY 2022 UDS data collection and reporting (due February 15, 2023).
- Understand the resources available to support CY 2022 UDS reporting.



CY 2022 UDS Changes Announcements

For UDS Reports due February 15, 2023



Communication of UDS Reporting Changes



- 2022 UDS changes were first announced as “Approved Uniform Data System Changes for Calendar Year 2022” in [Program Assistance Letter \(PAL\) 2021-05](#) dated November 19, 2021.
- Changes discussed today will be described in further detail:
 - [2022 UDS Manual](#)
 - Technical assistance webinars (fall 2022)
 - Annual UDS trainings co-hosted with Primary Care Associations (PCAs) (October–December 2022)
- Training information will be announced this fall in the [Primary Care Digest](#) and the [UDS webpages](#).

Important Dates

- Changes impact UDS Reports for in-scope activities for 2022:
 - Effective **January 1, 2022** (and must be reflected in data reported for the entire year).
 - To be reported by **February 15, 2023** (and submitted through the Electronic Handbooks [[EHBs](#)]).
- To ensure data are collected correctly, health centers should:
 - Configure data systems to capture and report changed data elements.
 - Work with electronic health record (EHR) vendors to ensure systems are updated with required specifications.
 - Validate data to ensure that workflows are successfully capturing data.
 - Educate health center staff involved with UDS reporting on 2022 UDS changes, as appropriate.



Details of Major 2022 UDS Changes

Reporting Clarifications



Table 6A: Updated Codes

Selected Diagnoses and Services Rendered

Table 6A: Selected Diagnoses and Services Rendered

**Indicates change from 2021*

Line	Diagnosis/Service	2021 Codes	2022 Codes
	Selected Infectious and Parasitic Diseases	Selected Infectious and Parasitic Diseases	Selected Infectious and Parasitic Diseases
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21	B20, B97.35, O98.7-, Z21
3	Tuberculosis	A15- through A19-, O98.0-	A15- through A19-, O98.0-
4	Sexually transmitted infections	A50- through A64-	A50- through A64-
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4-
4b	Hepatitis C	B17.1-, B18.2, B19.2	B17.1-, B18.2, B19.2-
4c	Novel coronavirus (SARS-CoV-2) Disease	U07.1	U07.1
	Selected Diseases of the Respiratory System	Selected Diseases of the Respiratory System	Selected Diseases of the Respiratory System
5	Asthma	J45-	J45-
6	Chronic lower respiratory diseases	J40 (count only when code U07.1 is not present), J41- through J44-, J47-	J40 (count J40 only when code U07.1 is not present), J41- through J44-, J47-
6a	Acute respiratory illness due to novel coronavirus (SARS-CoV-2) disease	J12.89, J20.8, J40, J22, J98.8, J80 (count only when code U07.1 is present)	J12.89, J20.8, J40 (count J40 only when code U07.1 is present), J22, J98.8, J80*

- Applicable ICD-10-CM, CPT4/I/II/PLA, and HCPCS codes updated for 2022.
- 2022 Table 6A code changes [available for download](#).
- Codes are updated as of April 2022.
- If necessary, codes may be updated later in the year to capture critical updates made after this date.



Changes to Align with eCQMs

Tables 6B and 7 were updated to align with the latest Centers for Medicare & Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs). Review updated [Exclusions and Exceptions handout](#) for 2022 updates.

Table	Line/Columns	Quality Care Measure	Updated eCQM
6B	10	Childhood Immunization Status	CMS117v10
6B	11	Cervical Cancer Screening	CMS124v10
6B	11a	Breast Cancer Screening	CMS125v10
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v10
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v10
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v10
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v5
6B	19	Colorectal Cancer Screening	CMS130v10
6B	20a	HIV Screening	CMS349v4
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v11
6B	21a	Depression Remission at Twelve Months	CMS159v10
7	2a–2c	Controlling High Blood Pressure	CMS165v10
7	3a–3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v10



Table 6B: Dental Sealants

- Dental Sealants (CMS277v0) electronic specifications have not been updated, and are no longer readily accessible online at United States Health Information Knowledgebase (USHIK).
- Find the value sets used in the specifications on the [BPHC website](#).



UNIFORM DATA SYSTEM

Dental Sealants for Children between 6–9 Years (CMS277v0) Value Sets

Dental Sealants for Children between 6-9 Years, CMS277v0, is a draft clinical quality measure stewarded by the Dental Quality Alliance-American Dental Association. For the purposes of Uniform Data System (UDS) reporting, the Dental Sealants for Children between 6–9 Years measure continues to align with CMS277v0, but electronic specifications for this measure have not been updated and are no longer readily accessible online. To assist health centers with UDS reporting of this measure, the CMS277v0 value set codes used in the specifications (exported from the United States Health Information Knowledgebase (USHIK) website in 2020) are provided below.

Category	Data Element	Value Set ¹
attribute	attribute: Permanent mandibular left first molar tooth	Permanent mandibular left first molar tooth 2.16.840.1.113762.1.4.1065.29
		SNOMEDCT (2014-03) 245604007
attribute	attribute: Permanent mandibular right first molar tooth	Permanent mandibular right first molar tooth 2.16.840.1.113762.1.4.1065.27
		SNOMEDCT (2014-03) 245592005
attribute	attribute: Permanent maxillary left first molar tooth	Permanent maxillary left first molar tooth 2.16.840.1.113762.1.4.1065.28
		SNOMEDCT (2014-03) 245579007
attribute	attribute: Permanent maxillary right First Molar Tooth	Permanent maxillary right First Molar Tooth 2.16.840.1.113762.1.4.1065.26
		SNOMEDCT (2014-03) 245568002



Clarifications to Tables 6A, 6B and 7

Table	Section	Description of Clarification
6A	Pre-Exposure Prophylaxis (PrEP)	<ul style="list-style-type: none"> • Limit the reporting of Line 21e to patients prescribed PrEP based on a patient's risk for HIV exposure AND limited to emtricitabine/tenofovir disoproxil fumarate (FTC/TDF) or emtricitabine/tenofovir alafenamide (FTC/TAF) for the purposes of preventing HIV. • There are no codes to identify PrEP management, and the codes in the manual do not alone represent patient health records of PrEP prescribed to patients for the purposes of preventing HIV.
6B and 7	Viewable and/or accessible results	For clinical quality measures requiring the completion of screenings, tests, or procedures to meet the numerator criteria, the findings of the screenings, tests, or procedures must be accessible in the patient health record.
6B	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Provided clarification that the follow-up plan must be on or after the most recent documented BMI when BMI is outside of normal parameters, to align with the measure steward .
7	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Slight adjustment to wording in numerator to clarify that missing HbA1c are also included in numerator.



Knowledge Check #1

For the Preventive Care and Screening: BMI Screening and Follow-Up Plan measure, which of the following counts towards the numerator when BMI is outside of normal parameters?

- A. BMI and follow-up conducted at any point during the measurement year.
- B. BMI and follow-up conducted at any point during the measurement year or during the prior year.
- C. BMI and follow-up conducted on or after the most recent visit.



Knowledge Check #1 Answer

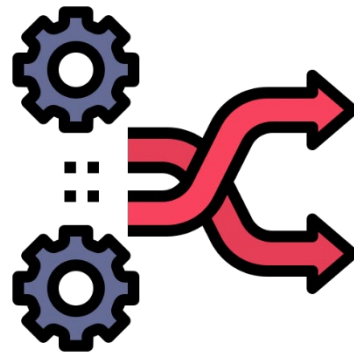
For the Preventive Care and Screening: BMI Screening and Follow-Up Plan measure, which of the following counts towards the numerator when BMI is outside of normal parameters?

- A. BMI and follow-up conducted at any point during the measurement year.
- B. BMI and follow-up conducted at any point during the measurement year or during the prior year.
- C. BMI and follow-up conducted on or after the most recent visit.**



Details of Major 2022 UDS Changes

Existing Data Modified



Modifications to Existing Tables

Table	Section	2021 Guidance	New Guidance for 2022
3A, 6B (prenatal section only)	Age	Date to use to identify age: as of June 30	Date to use to identify age: as of <u>December 31</u>
3B, 7	Refused to report race	For patients who do not report race, report as: “Refused to Report”	For patients who do not report race, report as: “ <u>Chose Not to Disclose</u> ”
3B	Sexual Orientation	Line 16, “Something Else”	Line 16, “ <u>Other</u> ” per the Federal Register
3B	Gender Identity	Lines 22 and 23, “Transgender masculine” and “Transgender feminine”	Line 22, “ <u>Transmasculine</u> ” Line 23, “ <u>Transfeminine</u> ”
4, 9E	Special Populations	School-Based Health Center	Table 4, Line 24, <u>School-Based Service Site</u> Table 9E, Line 1k, Capital Development Grants, including <u>School-Based Service Site Capital Grants</u>



Existing Reporting Methodology Modified

- Chart sampling of 70 is no longer an option for assessing CQMs
- Report all patients who fit the criteria (same as Column A), or a number equal to or greater than 80% of Column A.
- New title: Number of Records Reviewed (b)



If a health center does not have an EHR in use, contact the UDS Support Center to discuss options for reporting.

Line	Example: Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number of Records Reviewed (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday	250	250	139

Line	Example: Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number of Records Reviewed (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday	250	215	139



Table 6B: Existing Measure Modified

Tobacco Use: Screening and Cessation Intervention ([CMS138v10](#))

- The measure description and numerator have changed: Percentage of patients aged 18 years and older who were screened for tobacco use **one or more times during the measurement period** AND who received tobacco cessation intervention if identified as a tobacco user.

2021 Measure	2022 Measure
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention if identified as a tobacco user



Table 6B: Existing Measure Modified

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease ([CMS347v5](#))

2021 Denominator	2022 Denominator
Patients 21 years of age and older who have an active diagnosis of ASCVD	Patients who have an active diagnosis of ASCVD
Patients 21 years of age and older who ever had a fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dL	Patients 20 years of age and older who ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL
Patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the calendar year or the 2 years prior	Patients 40 through 75 years of age with Type 1 or Type 2 diabetes

- The population included for assessment (denominator) has changed.
- Denominator exceptions have been revised:
 - Now includes patients who received hospice care during the measurement period.
 - Removed as a denominator exception: “Patients 40 through 75 years of age with diabetes whose most recent fasting or direct LDL-C laboratory test result was less than 70 mg/dL and who are not taking statin therapy.”
 - Now includes statin-associated muscle symptoms as a denominator exception.



Table 7: Existing Measure Modified

Controlling High Blood Pressure ([CMS165v10](#))

- The population included for assessment (denominator) has changed.
- Specification guidance has been updated to further clarify blood pressure readings that meet compliance:
 - Taken in person by a clinician.
 - Measured remotely by an electronic monitoring device capable of transmitting the blood pressure data to the clinician.
 - Taken by a remote monitoring device and conveyed by the patient to the clinician.

2021 Denominator	2022 Denominator
Patients 18–85 years of age who had a visit and diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period	Patients 18–85 years of age who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the measurement period



Knowledge Check #2

For the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure, which of the following counts towards the numerator when the patient screens positive for tobacco use?

- Tobacco screening and follow-up conducted at any point during the measurement year.
- Tobacco screening and follow-up conducted at any point during the measurement year or during the prior year.
- Tobacco screening and follow-up conducted on or after the most recent visit.
- Options A and C.



Knowledge Check #2 Answer

For the Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention measure, which of the following counts towards the numerator when the patient screens positive for tobacco use?

- Tobacco screening and follow-up conducted at any point during the measurement year.
- Tobacco screening and follow-up conducted at any point during the measurement year or during the prior year.
- Tobacco screening and follow-up conducted on or after the most recent visit.
- **Options A and C.**



Details of Major 2022 UDS Changes

New Data Collected



Table 6A: New Data Collected

Selected Diagnoses and Services Rendered

- Line 4d: Post COVID-19 Condition (ICD-10 U09.9)
 - Column A = Number of visits at which the selected ICD-10 code for post COVID-19 condition has been coded.
 - Column B = Number of patients who have had one or more visits where post COVID-19 condition has been coded.



This condition should be coded regardless of primacy. In other words, if a patient is treated for pneumonia and post COVID-19 condition, both pneumonia and post COVID-19 condition are documented in the patient health record and reflected in the corresponding lines of Table 6A.



Health IT Form: New Data Collected

Social Risk Factors

Table	Section	Description of Revisions
HIT Form	Question 11a	<p>Question 11a has been added to measure the total number of patients screened for social risk factors.</p> <p>11a. How many health center patients were screened for social risk factors using a standardized screener during the calendar year? (Only respond to this if the response to Question 11 is “a. Yes.”) _____</p>
HIT Form	Questions throughout	<p>Questions throughout have been revised to provide clarity and additional selection options.</p> <p>12a. Of the total patients screened for social risk factors (Question 11a), please provide the total number of patients that screened positive for any of the following at any point during the calendar year.</p> <p>12b. Only respond to this question if your response to Question 11a is “zero” or if Question 12, option j is selected.</p>
HIT Form	Questions 1d, 1e, 7	<p>Questions 1d (is EHR up to date with latest patches), 1e (when will patches be installed), and 7 (how is UDS clinical data for Tables 6B and 7 reported) have been removed.</p>



Strategies for Successful Reporting



NEW: UDS Training and Technical Assistance Microsite



- Central, user-friendly hub for health centers to access UDS reporting training and technical assistance
- Organized by UDS topic areas, such as:
 - Patient characteristics
 - Staffing and utilization
 - Clinical care
 - Financials

**Visit the UDS TTA
[Microsite Homepage](#)**



Follow UDS Guidance

- Thoroughly read definitions and instructions in the [2022 UDS Manual](#).
- See other available guidance:
 - [eCQI Resource Center](#)
 - [PAL 2021-05](#)
 - Value Set Authority Center ([VSAC](#))
 - ✓ Same username and password as USHIK
- Contact UDS Support by email (udshelp330@bphcdata.net) or by calling 866-837-4357 if you have questions.
 - The help line is available year-round from 8:30 a.m. to 5:00 p.m. (ET).

Uniform Data System

2022 MANUAL

Health Center Data Reporting Requirements



HRSA
Health Center Program

For Reports Due February 15, 2023



HRSA
Health Center Program

Work as a Team

- **Tables are interrelated.**
 - Communicate early and throughout the process with your internal UDS data preparation team.
 - Review data across tables to ensure data are consistent and reasonable.
 - Review changes in performance to validate accuracy and to identify potential quality improvement initiatives.
- **Use available tools.**
 - Preliminary Reporting Environment (PRE) will be available fall 2022.
 - The modernized reporting features—Excel file, offline HTML file, comparison tool, and the Excel mapping document—are all available in the PRE and throughout the submission process to help prepare you for UDS data reporting.



Check Data for Accuracy

- Work with your EHR vendor to understand data output and to verify that calendar year updates have been programmed.
- Check data trends and relationships across tables: Previous year UDS data can be compared in the EHBs with the Data Comparison tool.
- Review last year's letter from your reviewer to ensure all issues are addressed in this year's report.



You Can Begin Your Report on January 1, 2023

Complete, accurate, and on time!

January 1: UDS Report available in the EHBs

February 15: UDS Report due date

February 15 - March 31: Review period

- Work with your assigned UDS reviewer

March 31: All corrected submissions must be finalized

- No further changes made after this date

Health centers must demonstrate compliance with these requirements:

- The health center has a system in place to collect and organize data related to the HRSA-approved scope of project, as required to meet HHS reporting requirements, including those data elements for UDS reporting.
- The health center submits timely, accurate, and complete UDS Reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.



Available Assistance

- Technical assistance materials, including local trainings, are available online:
 - [HRSA Health Center Program website](#)
- UDS Support Center for assistance with UDS reporting questions:
 - udshelp330@bphcdata.net
 - 866-UDS-HELP (866-837-4357)
- [Health Center Program Support](#) for questions about the Health Center Program.
- Office of the National Coordinator for Health Information Technology (ONC) Issue Tracking System (OITS) JIRA project eCQM Issue Tracker:
 - Sign up for an [OITS account](#)
 - Post questions in the [eCQM Issue Tracker](#)
- EHBs support
 - UDS Report and Preliminary Reporting Environment access (in [EHBs](#))
 - EHBs system issues: 877-464-4772, Option 1
 - EHBs account access and roles: 877-464-4772, Option 3
- [National Training and Technical Assistance Partners](#)



UDS Webinars



- Additional technical assistance webinars will occur in the fall.
- Past webinar presentations are archived on [HRSA's UDS Resources](#) page.
- Opportunities to Improve Interoperability across Health Centers [webinar and recording](#).

Questions and Answers



Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

 udshelp330@bphcdata.net *or* [Health Center Program Support](#)

 **1-866-837-4357**

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